

PRE-TRIP SAFETY CHECKLIST

This checklist is to be completed for all planned trips outside the immediate local area (greater than 100 miles) for Soldiers and ASMIS-2 is unavailable. It is to be completed when Soldiers are going on trips even if not on official leave/pass. It will help Soldiers, commanders, and other leaders ensure drivers and vehicles are safe prior to departure and that the trip has been sufficiently planned (time, rest stops, alternate drivers, anticipated weather conditions) to get safely to the destination and back.

INDIVIDUAL ASSESSMENT

PRE-TRIP CHECKLIST FOR LEADERS	Discuss Hazards, Risk, & Controls	
Use this checklist when trips are planned. Apply risk management controls if needed.		
Have you completed an accident avoidance course?	YES	NO
Will your supervisor inspect your vehicle before travel?	YES	NO
Type of Vehicle you're driving _____ Choose: two-door car; 4-door car; station wagon or van; luxury car; sports car; 2WD SUV; 4WD SUV; 2WD Pick-up truck; 4WD pick-up truck; motorcycle		
Are you planning on wearing your seatbelt?	YES	NO
Are you currently taking any over-the-counter or prescription medication?	YES	NO
Origin/Destination Addresses		
Starting Address: _____ _____		
Destination Address: _____ _____		
Point of origin to destination		
What time of day are you traveling? _____		
Type of roads traveled on? _____		
Planned rest stops/breaks _____		
How much sleep will you have in the twelve hours prior to starting the trip? _____		
Will you consume alcohol eight hours before or during your trip?	YES	NO
Anticipated Weather Conditions: _____		
Travel distance one way: _____		
Planned rest stops/breaks: _____		

Point of origin departure date and time:_____	
Expected destination arrival time:_____	
Return from Destination to Point of Origin	
What time of day are you traveling?:_____	
Type of roads traveled on?_____	
Planned rest stops/breaks:_____	
How much sleep will you have in the twelve hours prior to starting the trip?_____	
Anticipated Weather Conditions:_____	
Travel distance one way:_____	
Planned rest stops/breaks:_____	
Point of origin departure date and time_____	
Expected destination arrival time_____	
VEHICLE CONDITION: OLD (Pre-1996) NEW	
Does the vehicle have a valid State Inspected?	YES NO N/A
INSURANCE: Is soldier's car insurance coverage up to date/current?	YES NO
DRIVER'S LICENSE: Does soldier possess a valid driver's license?	YES NO
SIGNATURES	
Soldier Planning Trip: Name/Rank/Signature:_____ DATE_____	
Supervisor: Name/Rank/Signature:_____ DATE_____	
Date assessment conducted_____	
Leave/Pass/Holiday_____	